

# ***Division of Long Term Supports and Services*** ***BDS- Corrective Action Plan***

**May 21, 2019**

**9:00 am – 11:00 am – BDS, Tom Fox Chapel**

**NASDDDS On Site Visit**

**NH Corrective Action Plan**

**Direct Billing Subcommittee**



# Corrective Action Plan

In the fall of 2016, NH was notified that they are not in compliance with CMS regulations in the following areas:

- Conflict of Interest (COI)- the direct service provider cannot also be the provider that develops and maintains the Person Centered Plan. The Case Manager cannot be the direct service provider or the organization cannot provide both to the same person.
- Direct Bill- An agency must have the opportunity to directly bill the state Medicaid Agency.

NH has until August 31, 2021 to be in compliance.



# Conflict of Interest

Before 2014, conflict of interest under the 1915(c) waivers was guidance, *now it is in rules*

Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual **must not provide case management or develop the person-centered service plan...**

§ 441.301(c)(1)(vi)



# Corrective Action Plan - NH

4 NH Statewide subcommittees have been established to move the work forward:

- **Direct Billing Subcommittee**
- Provider Selection Subcommittee
- Fiscal Management Services (FMS) / Rate Development Subcommittee
- Communications Subcommittee



# Direct Bill

- States must allow providers the option to direct bill the State Medicaid Agency.
- A provider is not required to, but must have this option.
- Any reassignment of Medicaid payments must be **voluntary on the part of the provider**.
- The State cannot mandate reassignment.

NH currently only allows the Area Agencies to bill Medicaid.



# Organized Health Care Delivery System

- The Area Agencies serve as the Organized Health Care Delivery System (OHCDS).
- An OHCDS is a provider under the State's Medicaid plan or waiver.
- Services may be furnished under the auspices of an OHCDS when the services are furnished by individuals who meet the State's provider qualifications.
- To be recognized as an OHCDS, the entity must first be a system that is organized for the purpose of delivering health care.
- To meet this test, the entity must furnish at least one Medicaid - covered waiver or State plan service itself. The entity may, of course, furnish more than one service, covered by Medicaid.
- While they can still serve this function, **a provider cannot be mandated to be paid through the Area Agency.**



# Direct Billing Subcommittee

## Goal:

Provider Direct Billing allows for the Provider of Services to bill Medicaid Directly.

This group will establish a process by which Provider Agencies are allowed to bill Medicaid directly within the existing service delivery system while anticipating changes that will occur as a result of the Conflict of Interest Requirements.



# Timelines for this Subcommittee

6/1/19: Finalize Roles

6/1/19: Finalize Certified Definitions

9/1/19: Develop Certification Process for Authorized Agencies

11/1/20: Develop Governance Audit / Certification for Authorized Agencies

11/1/20: Amend the Governance Audit to include expectations for COI

3/1/21: Finalize and Distribute process for Governance Audit / Certification Process for Authorized Agencies

\*Handout



# Timelines for this Subcommittee (cont.)

6/30/21: Finalize Area Agency Governance Audit for SFY 23

9/1/21: Distribute Governance Audit for SFY 23

7/1/22: Implement revised/new Governance Audit



# Definitions

Definitions have been drafted and edited for the following:

- **Designated Agency** (Area Agency – to include DAADS function)
- **Authorized Agency** (Agency that bills Medicaid directly using a provider ID)
- **Certified Agency** (Agency that Contracts with the Area Agency)

\*Handout



# Designated Agency

Definition: A Designated Area Agency is the organization designated by the State of New Hampshire, Department of Health and Human Services in accordance with RSA 171-A:18 and He-M 505 and is responsible for administering area-wide programs and services for individuals with developmental disabilities and acquired brain disorders and their families within the designated area.

This will be the Area Agency



# Authorized Agency

Definition: An Authorized Agency is an organization that bills Medicaid directly. This Agency has a Medicaid Provider Number and must be in compliance with Medicaid requirements outlined in the Provider Billing Manual.

This provider is a direct service provider and is the provider of last resort



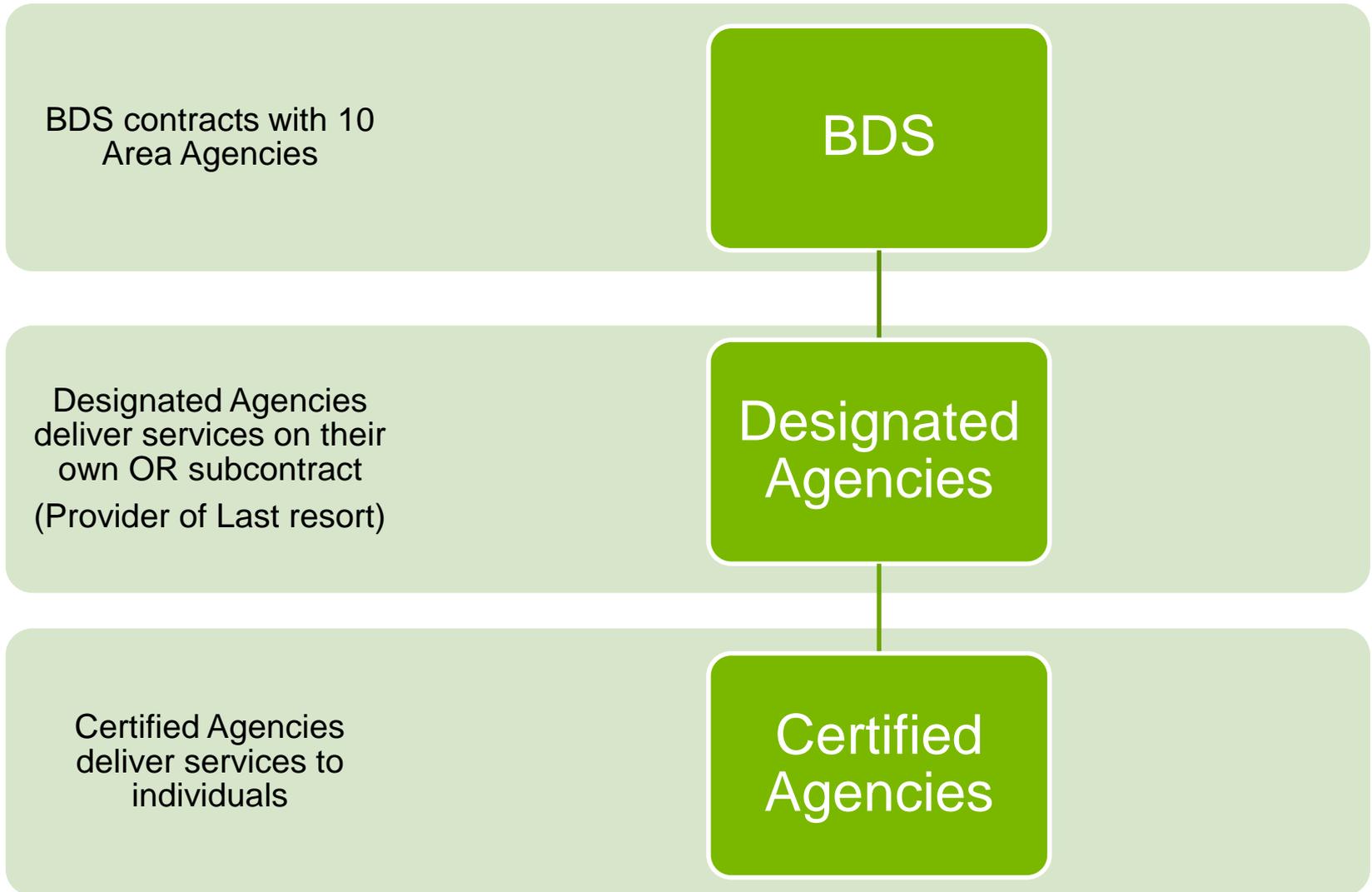
# Certified Agency

Definition: A Certified Area Agency is an organization that waives its right to bill Medicaid directly. A Certified agency must be under contract with a Designated Area Agency or an Authorized Agency in order to bill Medicaid.

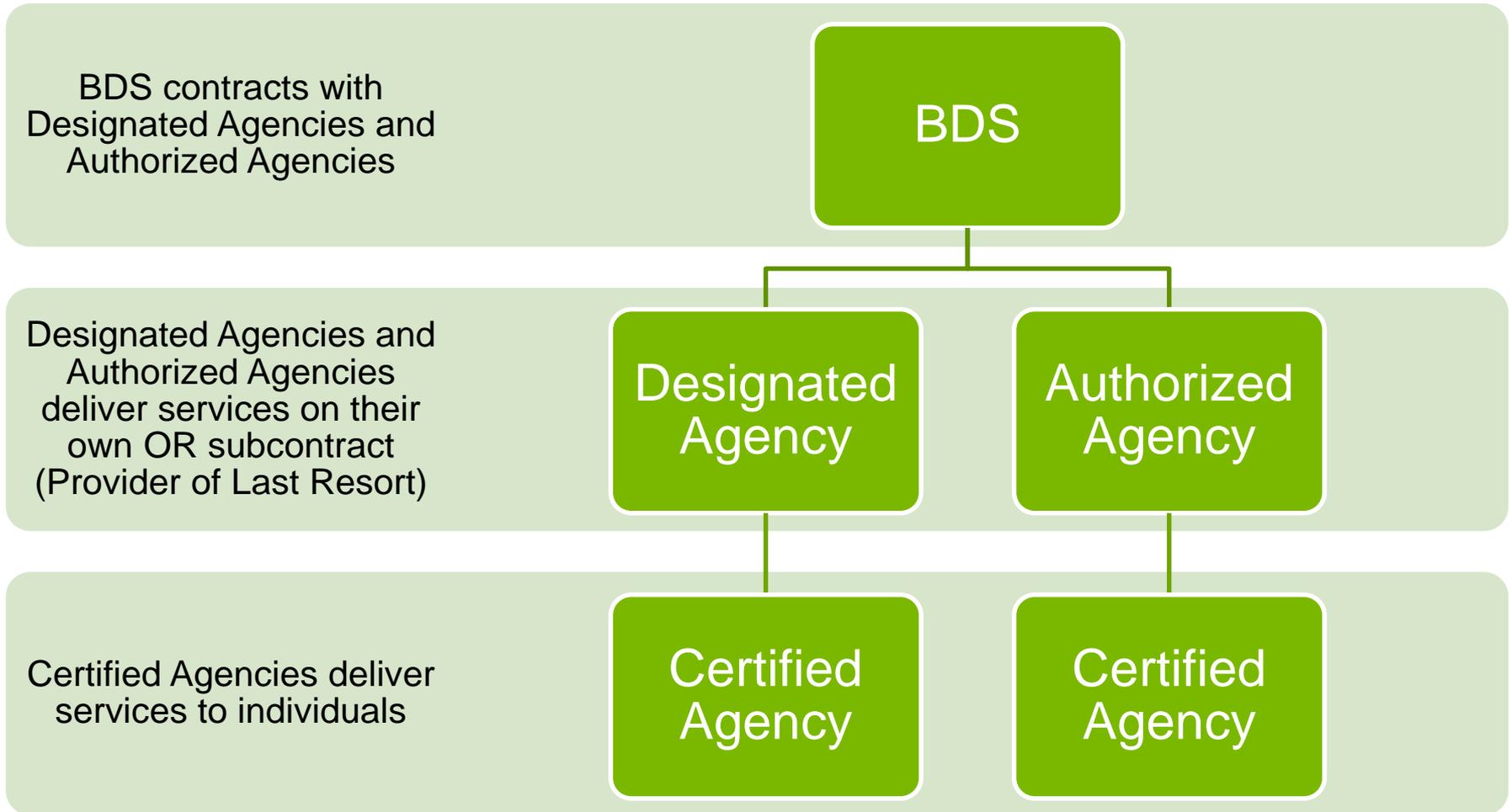
This provider is a direct services provider and is not the provider of last resort, as this provide is under contract with a designated or authorized agency to deliver services



# Quality Oversight – Current State



# Quality Oversight – Future State



## Direct Billing Subcommittee Must:

- Develop an oversight process by which the Designated Agency will ensure compliance with state and federal requirements by the Authorized Agency
- Review BDS oversight processes (Redesignation, Governance Audit, Service Review, Complaint Review, etc.) and determine what activities apply to Authorized Agencies and what activities apply to Designated Agencies – consider streamlining processes
- Make recommendations for action steps to open Medicaid Billing Process within BDS / DHHS and provider relations resources.



# Focus Groups

2 Focus Groups have developed out of this Subcommittee:

Provider Billing Manual Development – Draft Manual due by 10/1/19

Rules Development – Draft Rules are due by 5/1/20



NH Billing Manuals:

**Volume 1:** For all Medicaid billing agencies

**Volume 2:** Specific to provider type

These manuals are under review and will be revised to include all requirements related to serving as a provider agency in NH.

A review of current manuals from North Dakota and Vermont was conducted to identify similarities and best practice.

Rule development will inform how this manual is developed



# Rules Development

## PART He-M 505 ESTABLISHMENT AND OPERATION OF AREA AGENCIES

Statutory Authority: RSA 171-A:3; 171-A:18, I, IV

This set of rules will be reviewed to determine what needs to be added or changed to comply with direct billing.

This rule will be reviewed first and will inform changes to the remaining rules to include: He-M 517, He-M 503, He-M 1001 and He-M 507.



# Questions / Comments / Considerations

If Providers are direct billing, Designated Agencies should be consistent in their practices

Authorized Providers, as the Provider of last resort should have the option to subcontract services out to other provider agencies.

How will the state provide oversight to Authorized Providers?

Need to develop/modify rules regarding Direct Billing Providers.

Is there probation for not following rules?

What happens when Medicaid is down? Direct Billing Providers can be left without being paid for services provided.



# Question and Answer

Other Questions, Comments, Considerations?

## **Next Direct Billing Subcommittee Meeting:**

June 24<sup>th</sup>, 2019

1:00 pm – 3:00 pm

Lilac Conference Room: BDS Main Building, Concord NH

